



# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Professions Licensure

Board of Respiratory Care

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## INSTRUCTIONS AND CHECKLIST

### APPLICATIONS FOR RESPIRATORY CARE

Carefully read the following instructions for completing the license application. Complete applications must include the following documents:

1. Request that the following documentation be sent to the above address:
  - a. NBRC verification of certification.
  - b. Statement of verification of license in good standing for all licenses held in all states.
  - c. Transcript from your Respiratory Care Program. Transcripts must include the month, day and year of graduation.

All documents must be received by the Board in signed, sealed envelopes.

\_\_\_\_\_ Completed application form with a passport style photo and notary signature.

\_\_\_\_\_ Verification of licensure status, in signed sealed envelopes, from any state or jurisdiction in which you now or have previously held **any** professional license. Verifications may be sent directly to the Board by the state or other jurisdictions.

\_\_\_\_\_ Check or money order payable to the Commonwealth of Massachusetts for \$175.00. Cash or foreign currency is not accepted.

\_\_\_\_\_ Applications are void if requirements for respiratory care licensure are not met within one (1) year from the date of Board receipt of this application. All fees are non-refundable and non-transferable.

\_\_\_\_\_ Submission of completed application and fee acknowledges that the applicant understands and agrees to all provisions herein. All fees are non-refundable and non-transferable.

\_\_\_\_\_ Retain a copy of all information and the completed application for licensure for your records.